**Contract Initiation Form**

1. Contact information for counterpart (supplier, individual, vendor, company, etc.). The following information must be provided:

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| Contact name: |  |
| Counterpart name: |  |
| Email address: |  |
| Address: |  |
| Phone number: |  |

Any counterpart not registered in CUBuyplus will need to register before receiving payment. If an individual, a W-9 is needed.

1. Contract owner name and contact information (**note** contract owner will require CUBuyplus access). The following information must be provided:

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| --- | --- |
| Contract owner name: |  |
| School/college/department/division name: |  |
| Email address: |  |
| Phone number: |  |
| BSC Specialist (if applicable): |  |
| Financial Liaison (budget): |  |

1. List names of **ALL** approvers in your department for this contract and **note** approvers will require have CUBuyplus access.

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1. Additional Members - Contract Viewing Privileges ***(optional)****.*If desired, you may provide the name or names of individuals you want to have contract viewing rights for this agreement (i.e. assistants).

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| 1. 5. Contract Dates: (Beginning & End) |  |
| 1. 6. Total dollar value of the contract, if applicable: |  |
| 7. Budget Fund and Org number, if applicable: |  |
| 8. Copy of the contract and any required documentation—see #10. |  |
| 9. Choose a 30, 60, 90 or 120 day reminder of contract expiration? |  |
| 10. If the contract requires any of the following information, written documentation must be submitted with the Contract Initiation Form.   * 1. Certification of criminal background checks   2. Certification of children & vulnerable adult training   3. Improper conduct with minors/molestation insurance   4. Certificate of liability insurance   5. License requirements |  |

**EMAIL THIS FORM and AGREEMENT to DARLENE GOLDEN** [dgolden@creighton.edu](mailto:dgolden@creighton.edu)